

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/516347

FILING DATE

30 NOV 2004

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	9	←		←	TOTAL DEP.		←	49	←		←
TOTAL CLAIMS			10				TOTAL CLAIMS			50			

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		
102				/		
103				/		
104						
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148						
149						
150						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	0	←		←
TOTAL CLAIMS			3			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						